



Department of Transportation (Caltrans)
Division of Mass Transportation (DMT)
Office of Federal Transit Grants Program

**Request for Reimbursement Procedures and
Invoice Supporting Documents**

General Instructions

1. All Requests for Reimbursement (RFR) must have the original invoice and three (3) copies on agency letterhead and signed by the same signatory as on the Standard Agreement. If this is not possible, the signatory of the Standard Agreement must delegate the authority by submitting a letter to Caltrans DMT designating the new signatory by name and title.
2. RFR must include the date, invoice number, Standard Agreement number, total project costs to date, and federal reimbursement amount requested not to exceed the grant amount.
3. All project costs must be documented and comply with the executed Standard Agreement. Federal reimbursement costs must comply with OMB A-87 and CFR 225.

Required Supporting Documents per Project Type:

☐ **Operating Assistance**

- ☐ If applicable, include a copy of the Caltrans DMT approved Third Party Service Agreement Contract (first invoice only).
- ☐ For third party contracts, submit the invoice for the same period as the reimbursement request. Original invoice from the vendor must show invoice number, date, and vehicle/maintenance costs description (unit price, discount (if any), sales tax, freight/shipping charges, and total for each product or service).
- ☐ All third party costs must be clearly defined for the services provided (i.e., dates of service, service miles, service hours, hourly rates, and title/classification). All work performed must be consistent with the Caltrans DMT approved Third Party Service Agreement Contract.
- ☐ For internal agency staff projects, please provide a Spreadsheet showing the time worked, hourly rate for labor, title/classification, and all work performed for the period. Summary must include all expenses and revenues for the period claimed.
- ☐ Disadvantaged Business Enterprise (DBE) Actual Payment form (third party contracts only) available at <http://www.dot.ca.gov/hq/MassTrans/DBE.html>
- ☐ Proof of payment made to vendor or copy of the method of payment. Cancelled check or Bank statement showing check number and "paid in full" or Agency's accounting record showing the transactions.

☐ **Vehicles**

- ☐ Post-Delivery Audit Certification for Buy America requirements (Local procurement).
- ☐ Post-Delivery Inspection Certification from qualified vehicle inspector (Local procurement).
- ☐ Certification of Acceptance by your agency.
- ☐ Copy of invoice from the vendor/contractor with name, address, and telephone number clearly identified.
- ☐ Copy of the Caltrans DMT approved Purchase Order(s) showing Caltrans as Lien Holder
- ☐ Vehicle Identification Number(s).
- ☐ Spreadsheet showing the time worked/hourly rate for labor, title/classification, task performed, etc. (Local procurement).

- ☐ Proof of payment to vendor - Cancelled check or Bank statement showing check number and "paid in full.
- ☐ Picture of vehicle(s) – can be electronic format on CD or portable drive.
- ☐ Proof of Insurance.

☐ **Equipment**

- ☐ Copy of the Caltrans DMT approved Purchase Order including item description, quantity, unit price, discount (if any), sales tax, freight/shipping charges, and totals.
- ☐ Original invoice from the vendor showing invoice number, date, and description (manufacturer, model and serial number), unit price, discount (if any), sales tax, freight/shipping charges, and total for each product or service item.
- ☐ Statement that equipment has been accepted and in working order (can be included in the cover letter for invoice)
- ☐ Manufacturer Warranties/Copy of Extended Warranties.
- ☐ Disadvantaged Business Enterprise (DBE) Actual Payment form, available at <http://www.dot.ca.gov/hq/MassTrans/DBE.html>
- ☐ Proof of payment made to vendor or copy of the method of payment. Cancelled check or Bank statement showing check number and "paid in full".
- ☐ Picture(s) of equipment – can be electronic format on CD or portable drive.

☐ **Transit Facility**

- ☐ If applicable, include a copy of the Caltrans DMT approved Third Party Service Agreement Contract (first invoice only).
- ☐ Copy for approved Force Account Plan for "in-house" labor (first invoice only, if applicable)
- ☐ Copy of Purchase Orders including all items description, quantity, unit price, discount (if any), sales tax, freight/shipping charges, and totals.
- ☐ Original invoice from the vendor showing invoice number, date, and description (manufacturer, model and serial number), unit price, discount (if any), sales tax, freight/shipping charges, and total for each product or service item.
- ☐ Statement that facility is constructed, or phase of construction. Also state that equipment has been received and accepted.
- ☐ Spreadsheet showing all expenses including those charged against the federal grant broken out by description, rate, hours, i.e., installation.
- ☐ Manufacturer Warranties/Copy of extended warranties, if applicable.
- ☐ Disadvantaged Business Enterprise (DBE) Actual Payment form, available at <http://www.dot.ca.gov/hq/MassTrans/DBE.html>
- ☐ Proof of payment made to vendor or copy of the method of payment. Cancelled check or Bank statement showing check number and paid in full.
- ☐ Picture(s) of facility/equipment – can be electronic format on CD or portable drive.

☐ **Preventive Maintenance**

- ☐ If applicable, include a copy of the Caltrans DMT approved Third Party Service Agreement Contract (first invoice only).
- ☐ Third party vendor/contractor service providers invoice for the same period as the reimbursement request (if applicable).
- ☐ For agency staff, provide Spreadsheet showing the time worked, hourly rate for labor, title/classification, and all work performed for the period. Summary must include all expenses for the period claimed.
- ☐ Original invoice from the vendor showing invoice number, date, and description (manufacturer, model and serial number), unit price, discount (if any), sales tax, freight/shipping charges, and total for each product or service item.

- ☐ Manufacturer Warranties/Copy of extended warranties, if applicable.
- ☐ Disadvantaged Business Enterprise (DBE) Actual Payment form, available at <http://www.dot.ca.gov/hq/MassTrans/DBE.html>
- ☐ Proof of payment made to vendor or copy of the method of payment. Cancelled check or Bank statement showing check number and paid in full.
- ☐ Picture(s) of equipment – can be electronic format on CD or portable drive.

☐ **Safety and Security Equipment**

- ☐ Receipt of Equipment Certification, must include equipment description, purchase date, installation date, and verification equipment is in working order
- ☐ Manufacturer/Brand Name
- ☐ Model Number of equipment (if applicable)
- ☐ Serial Number of equipment (if applicable)
- ☐ Spreadsheet showing the unit price, discount (if any), sales tax, freight/shipping charges, and total
- ☐ Original Vendor Invoice(s)/Acceptance Form
- ☐ Detailed Spreadsheet showing the time worked/hourly rate/task for labor, admin, consulting, etc
- ☐ Spreadsheet showing the travel expenses (if applicable)/ Receipts for travel expenses (if applicable)
- ☐ Manufacturer Warranties/Copy of extended warranties
- ☐ Disadvantaged Business Enterprise (DBE) Actual Payment form, available at <http://www.dot.ca.gov/hq/MassTrans/DBE.html>
- ☐ Picture(s) of equipment – can be electronic format on CD or portable drive

☐ **Mobility Management**

- ☐ Original invoice billing the State on agency letterhead including the date, invoice number, Standard Agreement number, reimbursement period and amount requesting not to exceed the grant amount
- ☐ Copy of Purchase Order including item description, quantity, unit price, discount (if any), sales tax, freight/shipping charges, and total
- ☐ Original invoice from the vendor. Invoice should include Invoice #, date, and description (manufacturer, model and serial number) of each product or service item.
- ☐ Statement that equipment has been accepted and in working order (can be included in the cover letter or invoice)
- ☐ Spreadsheet showing all expenses charged against the grant broken out by description, rate, and hours. All purchases must be supported with vendor invoices, proof of payment and statement of acceptance. All other expenses (travel, training, conferences, etc.) must be supported with receipts
- ☐ Disadvantaged Business Enterprise (DBE) Actual Payment form, available at <http://www.dot.ca.gov/hq/MassTrans/DBE.html>
- ☐ Proof of payment made to vendor or copy of the method of payment (showing paid in full).